



Tennessee
Department of Children's Services
CQI Manual
State Fiscal Year-08-09



Lift them up!

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Continuous Quality Improvement at DCS

Continuous Quality Improvement (CQI) is a philosophy based on the belief that people care about their work, learn from their experience, and when they feel empowered to do so create, innovate and improve. The concept is based on a Japanese principle, kaizen, which means progress through small continuous steps toward a goal. CQI is different from traditional quality assurance in that the focus is self-directed, self-determined change rather than change imposed by an external entity. CQI is a process model for employee empowerment, creativity and accountability.

- CQI evaluates the effectiveness and efficiency of services provided.
- CQI determines whether services meet predetermined expectations of quality and outcomes.
- CQI attempts to correct observed deficiencies identified through the CQI process.

CQI is intended to be a process that is:

- Team-Based
- Inspiring
- Empowering
- Regularly Scheduled
- Structured
- Strengths-Based
- Solution-Focused
- Action Oriented
- Culturally Sensitive
- Common Sense Driven

CQI is a process by which all staff are invited to be involved in the evaluation of the efficiency and effectiveness of services provided to children and families. Evaluation involves the examination of the Department's internal systems, procedures and outcomes; the examination of input from participants, and the examination of relationships and interaction between DCS and other stakeholders.

CQI teams are **problem-solving and decision-making teams**. The teams must remain strengths-based and solution-focused. Meetings will result in the identification of needs, goals and available resources, as well as strengths of the program. Plans will be formulated that will build on those strengths. Areas needing improvement are identified and discussed; action plans are developed and strategies are implemented to improve service delivery. Team members have the responsibility for advocating for their proposed improvements. **CQI teams usually develop, implement and track action steps for 90% of all issues they identify.** Those issues that are not resolved will be shared with the next level team for recommendation or possible resolution. Through this process, needs can be met and problems solved by those most directly affected by and with the most knowledge about the need, the problem and the solution.

DCS Vision Mission and Values

Vision Statement

Leading the way for safety and permanency in the lives of children and families by championing excellence in service.

Mission Statement

Our mission is to empower families and support community safety and partnerships to help ensure safety, permanency and well-being for children.

Values and Definitions

Integrity – The Department values honor, respect, trustworthiness and principled action.

Commitment to Excellence – The Department expects peak performance from all levels of staff, every day, in every degree.

Diversity – The Department respects, celebrates and seeks to maintain the integrity of all cultures.

People – The Department values all people, promoting partnerships between staff, families and community partners in order to create a comprehensive network of services.

Family Focused – The Department takes a strengths-based service approach, coordinating with family members as well as professionals and others to form an all-inclusive team promoting stability and permanence for children.

Community Partnerships – The Department actively engages community stakeholders.

Safety – The Department makes every effort to ensure the safety of children, families, staff and the community.

Employees – The Department strives to create a work environment that allows for personal and professional growth, affording each employee a high quality of life. The Department will also respect and promote each staff member's personal family interests recognizing that we must have the opportunity for safety and stability in our own lives before we can adequately and appropriately serve others.

CQI Meeting Format and Process

Underlying Assumptions of CQI

- Each employee, stakeholder and community partner will have access to the CQI process.
- 90% of the issues are resolved at the level that first identified the issue.
- The CQI process involves multiple levels of team meetings.
- All CQI meetings are equal in importance.
- All team members are equal.
- Referred items will be presented to the next CQI team level by a representative from the originating team.
- A continuous feedback loop ensures the continuity of the process.

The CQI Process

The intent of CQI is to actively involve DCS employees, consumers and relevant community partners in an interactive process to improve the service delivery system. During CQI meetings, team members are asked to:

- Identify an issue through data or other reliable information.
- Brainstorm/understand current level of performance.
- Set time bound and measurable goal.
- Develop action steps/plan
- Track and adjust action steps/plan
- Close feedback loop. Was the goal met?

Regional CQI Coordinators

Each region has designated at least one person who will serve as the CQI Coordinator. These staff will possess advanced knowledge of the CQI process and assist the CQI teams in being effective and efficient. The Regional Administrators will determine the responsibility of the CQI Coordinator within the region. Some of the assigned duties could include:

- Learn about the CQI process, serve as a model for CQI principles and practices and become familiar with systems theory and principled leadership concepts.
- Understand and use data to improve performance within the region through a plan designed to monitor for quality.
- Collaborate with the Regional Leadership Team to develop and maintain a structure for CQI within the region.
- Aggregate regional data on performance improvement efforts and CQI team meetings.
- Participate in internal and external reviews.
- Champion CQI efforts in the region through celebrating “champions” and sharing breakthroughs and lessons learned within the region and statewide.

- Understand roles of CQI team members and assist team in their meetings as necessary.

Examples of technical assistance could include:

- Helping scribes set up the notebook for the recording of minutes
- Assisting facilitators in preparing for meetings
- Modeling for the facilitator methods to obtain full inclusion and group cohesion
- Reinforcing team members for their efforts
- Serving as a sounding board for teams regarding improvement ideas
- Meeting with other coaches to support one another
- Helping teams collect and analyze data
- Assisting community partners and consumers in becoming familiar with the process

Leadership Roles for Team Operation

Each team must have two persons agree to take on roles of facilitator/leader and scribe as described below. Roles generally should rotate each year. If there are sufficient members on the team, it is recommended that a second person be selected for each role to serve as alternates. The alternates may assume the role at the beginning of the next year and the team would then select new replacement alternates.

Facilitator/Leader

Facilitator/Leader Duties:

- Solution building related to the agenda items.
- Generate consensus within the team with regard to items sent to next level.
- Make final decision about issues that go to next level team for discussion.
- Set up the CQI meeting agenda with the Scribe.
- Review the agenda with the CQI team.
- Facilitate the meeting process.
- Point out time parameters to team members.
- Pay attention to time limits during the meeting.
- Draw out opinions of quiet members.
- Gently curb members who tend to run-on.
- Maintain focus on the tasks and stifle distractions.
- Encourage the scribe to read back minutes and the conclusion of each topic.
- Train the facilitator for the following year.

Helpful Facilitator/Leader Qualities:

- Watchful and observant of process
- Inclusive and respectful of all team members
- Able to draw out thoughts of quiet members
- Ability to maintain awareness of time parameters during meetings
- Willing to redirect discussions and individuals as needed to maintain focus

- Mindful of diversions and distractions
- Knowledgeable of tools for facilitating a meeting

Scribe

Scribe Duties:

- Arrange in advance for a meeting space.
- Work with facilitator to prepare meeting agenda, once determined by the team members.
- Issue reminder of meeting to all team members.
- Copy and distribute any materials that team members need for the meeting.
- Arrange to have a flip chart and marker or similar tools available for brainstorming and solution building.
- Complete the documentation of team minutes including team discussion and action plans.
- Record decisions reached.
- Record team accomplishments.
- During the meeting read the action plan to the team to achieve accuracy and consensus. Make changes as needed and read again to approve each decision, recommendation, and action step before adjourning.
- Distribute minutes to team members and to the next level CQI team scribe.
- Maintain the CQI Notebook -- insure necessary data is in the notebook.
- Train the scribe for next year.

Helpful Scribe Qualities:

- Ability to separate from the discussion to listen objectively and capture the wisdom, ideas and comments of team members while also participating in the meeting.
- Be a good and active listener.
- Learn to separate the "wheat from the chaff" in discussions.
- Willing to ask for clarification when needed.
- Ability to use a computer to record the minutes in the proposed format.
- Ability to organize information and documents while maintaining neat and orderly records.
- Ability to maintain confidentiality in recording of minutes.

The Meeting Agenda

Each team meeting should have an agenda set in advance to ensure the meetings are productive and task focused. At all levels, the agenda is set and prioritized by the facilitator and scribe who seek input from team members as needed. The scribe and facilitator should not overload the agenda with too many issues for one meeting. It is important that the team is empowered to set their agenda.

Some examples of possible agenda topics are as follows:

- Summary and analysis of all Case Manager and Case Practice Reviews.
- Review of incidents, accidents and participant grievances. The purpose of including these reviews is to determine specific immediate actions that maybe necessary at the level of the incident, accident, or participant grievance to prevent further occurrences.
- Review of data regarding participant and stakeholder satisfaction.
- Performance evaluation--demographics, process, outcomes, and other issues.
- Review and development of implementation plans including training needs.
- Updates on CQI projects underway and proposals of new projects.
- Unresolved past issues.
- Issues referred by other levels.

CQI meetings will be guided by the self-evaluation process described earlier in the manual. Teams should allow ample time for the self-evaluation portion of their CQI meeting. Issues identified by consumers and community partners may also be a significant part of the agenda. Additional individuals may be invited to attend meetings to provide details on specific agenda items if needed.

Data Review

Each team will determine the data that they wish to review. Each office or facility will have a designated person who will supply them with their requested data. **Refer to Addendum 4 for a list of data elements which could be utilized in the CQI process.**

CQI Notebook

Each local office will need to decide where CQI books will be kept. Each team should have a notebook maintained by the scribe. It needs to be kept in a location accessible by all staff.

Confidentiality

Confidentiality can become an issue during the CQI process as sensitive information may be shared. In order to assure confidentiality of staff and families served, the scribe must refrain from recording specific names if they are discussed in a meeting. Staff shall also refrain from use of family names when community partners and consumers are present in a meeting. Information related to incidents, accidents, and grievances should be discussed in a manner that protects the confidentiality of all involved.

Chartered Teams

Chartered teams may be formed to work on tasks identified at a CQI meeting that need further information gathering, research, or solution building. If teams identify issues requiring further action, the team should first determine whether they are the correct group to initiate the action or whether the issue should be taken to the next level team.

While each level CQI team may identify one or more special projects(s) for further discussion, it is NOT mandatory that any team undertake a special project. A useful tool to accomplish the goals of each CQI team may be the formation of a short-term “chartered” team. The CQI team that has identified a project will choose the members to participate on that particular chartered team. Each CQI team has the flexibility to request task force members outside the originating team to participate in a chartered team.

The scope of the project will determine the number of volunteers that participate on the CQI chartered team. It is best if the initial projects are such that they can be completed within one (1) quarter. As each CQI team enjoys success in achieving the goals of each project, it may then move to longer and more complex projects.

Each CQI team should, therefore, utilize the following steps in identifying and selecting CQI special projects, and in the formation of work groups to carry out its goals:

- 1) List all potential Quality Improvement activities proposed by team members.
- 2) Instruct each CQI team member to rank each suggested project in order of importance. The most important project should receive the highest score. Collect and tally the scores from all CQI team members, then list the top choices.
- 3) The CQI team should initially agree on how many projects that can reasonably be undertaken at one time. Consideration should be given, at a minimum, to the number of team members involved, their available time, and to the scope and nature of each project. It is suggested that initially only one project be identified by a team, so as not to overwhelm team members.
- 4) Each CQI team shall specify who will be in charge of each project and what individuals, including non-agency personnel, will work on the project. Each CQI chartered team will work independently of the CQI team, and will identify a leader and a scribe.
- 5) Each CQI Team shall determine the due date for completion of each special project. Adjustments can be made as requested by the chartered team.
- 6) Each CQI team should specify the evidence of project completion. Such evidence may consist of a written report from the CQI chartered team members and/or an oral presentation by the chartered team members to CQI team members at the next quarterly team meeting
- 7) As the CQI special project is completed, each CQI team should recognize and acknowledge the chartered team for their commitment in some positive manner.

CQI Quality Review

Central office CQI staff are responsible for implementing CQI activities and for providing technical assistance to regional and central office staff. Regional and central office CQI staff routinely review team minutes for quality and consistency. They also attend regional and central office CQI team meetings to ensure meetings are held according to CQI protocol.

Beginning in July 2008, regional and central office CQI staff will be responsible for completing a quarterly assessment of the regional and central office CQI processes. These assessments include information about review processes (QSR, CPR, etc.), number of CQI meetings held, number of teams that completed case reviews, number of teams that completed data reviews, information about tracking of action plans, and information about how well CQI teams are documenting impact on issues addressed. The assessments will also include accomplishments and identify opportunities for improvement. The quarterly reports will be distributed to regional and central office staff each quarter. Information from the quarterly reports will also be compiled and a statewide CQI annual report will be created at the end of the fiscal year. The annual report will also be distributed throughout the agency.

CQI's Place Within the Organizational Structure

CQI vs. Supervision

The roles of the CQI teams and of supervisors are, at every level, complementary. Supervision is one of the strongest and most respected methods of learning and personal growth available to staff. The supervisor's charge is to provide personal feedback to the staff member and to work with that employee on remediating weaknesses and building on strengths. The supervisor reviews the materials produced by the employee and makes corrective suggestions. If the employee is deficient, the supervisor's task is to mentor the employee to assist him/her in coming into compliance—or to bring sanctions against the employee for non-compliance.

Quality improvement looks at a different piece of the work environment. Its job is to look at processes and programs and to remove barriers that exist in doing the work. The specific work of the individual worker is not the focus, but rather the system within which all workers function.

From a quality perspective, supervisors have yet another very important role to play—that of leader. As the leader of a team, a cluster of teams, a region, or a division, the supervisor must, through his/her actions, demonstrate a clear commitment to the organizational mission, values, goals, and expectations that promote quality child welfare services and performance excellence. The child and family-oriented mission, vision, values, and goals of DCS are best integrated into all aspects of management through effective leadership.

Key Points for Supervisors to Remember:

- The problem-solving process is self-directed by empowered employees. It is not intended to be a replication of the existing agency hierarchy.
- CQI teams focused on problem solving and performance improvement issues are NOT intended to replace supervision but instead free supervisors from controlling and directing activities so that they can spend more time on the more important teaching, coaching, and mentoring activities.
- CQI teams use data to inform decision making and action planning. Individual supervisors and workers can use the same information to go back and look at their individual and unit strengths and weaknesses and develop their own plans of action for professional development and/or performance improvement.
- Teaming for problem solving and performance improvement provides a time to reflect on events and processes that occur over time. Staff have uninterrupted time to consider what works, what does not, and how to improve without the interruption of the day-to-day activity with which a supervisor and his/her workers must contend.

Regional CQI Plans

Each region has an individualized CQI plan. These plans should include:

- **Regional CQI Structure**

Due to the unique challenges of the twelve regions, each region will develop their CQI process. Each region is responsible for developing a Regional CQI Plan. These plans will describe in detail the regional CQI process.

- **Team Structure and Leadership Roles**

Regional CQI Coordinators will maintain a current list that includes the number of CQI teams within the region, CQI team names, names and position titles (CM1, CMs, ASA, etc) of team members and the names of facilitators/leaders and scribes. Due to potential staff changes and updates to this list, it can be kept separate from the regional plan. However, this list should be kept in a central location with the regional plan.

Although CQI teams can be formed from pre-existing teams and CQI meetings can be appended to team meetings already being held on a regular basis, it is important to remember that, when a team meets at a regular time and place to focus on problem solving and planning for performance improvement, then that team becomes a CQI team, and the roles of the participants change. You are no longer in the supervisor/subordinate roles of your regular meetings. You are in CQI team member roles, and **each member of the team has an equal voice in the problem-solving process.**

CQI is a comprehensive process involving DCS employees, stakeholders and community partners. Although each team may set their own time schedule, it is suggested that a minimum of 90 minutes be allotted for a meeting.

- **Flow Chart Indicating Feedback and Referral Process**

The Regional CQI Plan should include a flow chart showing the regional CQI process. This flow chart should show how referrals are passed forward to higher level teams and how feedback is provided to the originating team.

State Level CQI Team

The State CQI Team provides team members with an opportunity to address statewide issues and review information and issues from all other teams. The State CQI Team meets quarterly, though special meetings are called as needed to be responsive to the needs of teams that have referred issues for State CQI consideration.

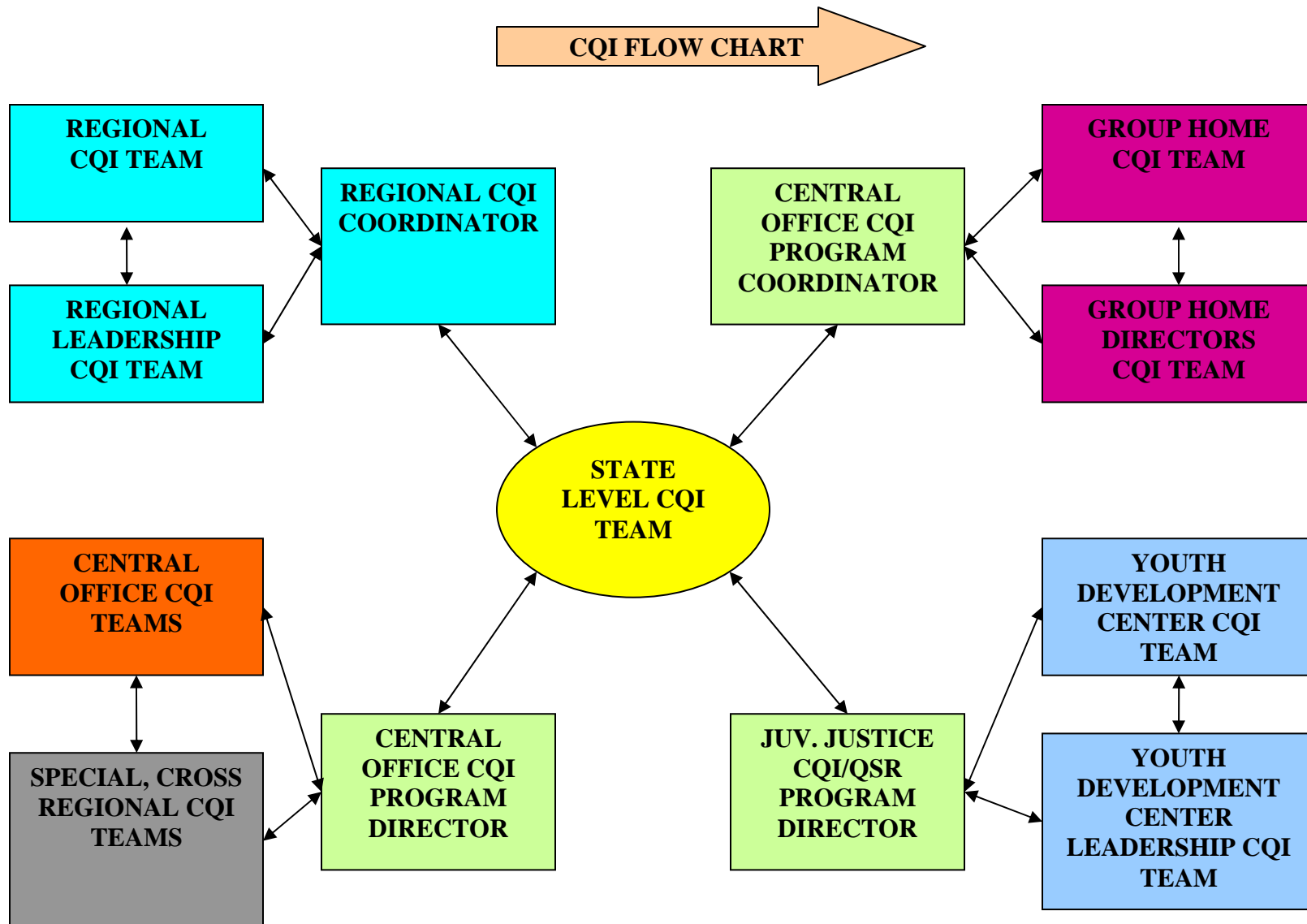
The State CQI Team is supported by the Division of Performance and Quality Improvement and comprises members of the DCS Executive Management Team as well as representatives from teams—both internal and external to DCS—that have referred issues to the State Team.

In evaluating statewide performance, the State CQI Team will review statewide data, trends, and patterns related to:

- Regional Outcomes
- Monthly and Quarterly Performance
- Quality Service Review Outcomes
- Case Process Review Results
- External Reviews (e.g. Monitor's Reviews, CFSR when available)
- Satisfaction Survey Results (when available)

When appropriate and/or needed, the State CQI Team may also review data related to serious/critical incidents, fiscal issues, and/or personnel issues. Case file review at this level usually involves the review of QSR stories reflective of statewide patterns or trends.

Addendum One



Addendum Two

Community Partners and Consumer Participation

DCS staff members interact on a daily basis with others in an effort to provide quality services to children and families. In order for the CQI process to truly reflect a complete picture of the service delivery system, community partners, youth, birth parents, foster parents and/or birth parents must also be a part of the process. However, there is also a strong recognition that there are many internal issues that can best be addressed through a closed CQI process. Therefore, Tennessee's CQI process allows for both activities to occur.

Community Partners

Community partners are those with whom the Agency collaborates to provide holistic services. Some community partners, by virtue of the extensive nature of their relationship with DCS, may be included in the CQI process. These include:

- Juvenile Court Representatives
- Foster/Adoptive Parents
- Private Providers
- TennCare
- Department of Health
- Department of Mental Health
- Division of Child Support Enforcement
- School Personnel
- Health Care Professionals
- Community or Child Advocates
- Community Partnership Representatives
- Law Enforcement Representatives
- Representatives of any other professional group who have an integral part in the service delivery system.
- Other stakeholders as needed

The intent is to actively involve the relevant community partners in an interactive process to improve the service delivery system. Therefore, they should be selected based on their ability to assist in the process of generating solutions. Participants should purposefully be selected who are very familiar with the policy, procedures and practice of the Agency. This will help the team avoid spending a substantial amount of time orienting them to the agency.

Consumers

Birth parents and children in custody are encouraged to have an active role in the CQI process. Their involvement should begin at the same level as community partners. The selection of these participants should be done very carefully with a goal of selecting individuals who have enough knowledge of the child welfare system to actively participate. It is recognized that many consumers will initially have a difficult time interacting in the meetings. It is suggested that a staff person who knows the individual serve as a coach to assist them in understanding their role. Consumers may be either current or past service recipients. It may be more comfortable for a consumer who is no longer receiving services to actively participate in the process. Youth may be selected from the Independent Living Programs or other groups.

Addendum Three

Surveys

In 2007, DCS acquired SurveyTracker software which has enabled us to develop, distribute, and aggregate annual surveys as well as special surveys. The delivery method varies for surveys depending upon the audience - employee satisfaction surveys are delivered via an emailed link to a web location, whereas birth parent surveys are distributed through a postal mailing that includes a self-addressed, stamped envelope for returning completed surveys.

Regardless of the delivery method, the survey process takes approximately 6 weeks from beginning preparations to a final report of the results. Once the report has been written, it is sent to the members of the Core Leadership Team, as well as Regional Administrators and CQI Coordinators in the regions. Results from the various surveys are used in the CQI process (both in Central Office and regionally) to guide discussions around ways to: 1) improve the services DCS provides children and families; 2) improve employee morale; and 3) to increase the overall satisfaction level with DCS by those groups or individuals served, be it children and families, providers, community partners, or staff.

There are currently six surveys that occur regularly on an annual basis. These surveys are listed below, along with the approximate timeline for distribution:

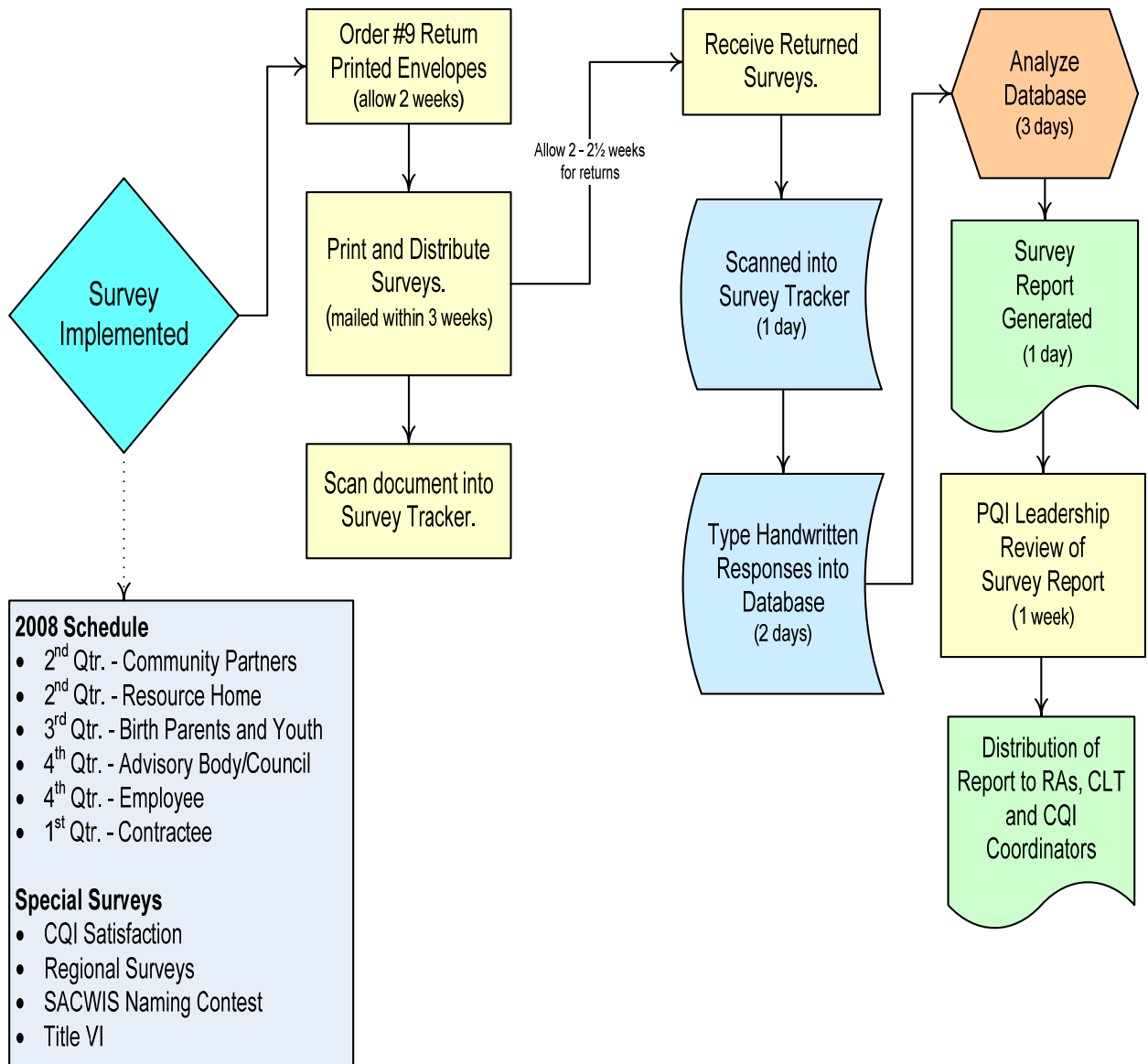
Survey Name	Population Surveyed	Approximate Timeline
Contractee	Contract providers	1 st Quarter
Community Partners	Judges, CASA members, Guardians ad litem, School personnel, Child Advocacy Centers, Community Advisory Boards	2 nd Quarter
Resource Parents	Resource parents, including relative caregivers	2 nd Quarter
Consumer	Birth parents, Youth	3 rd Quarter
Advisory Body/Council	Children's Services Advisory Committee	4 th Quarter
Personnel	Employees, Supervisors/Managers, Volunteers	4 th Quarter

Special surveys are also distributed throughout the year. These can be one-time surveys, or might be continued for a short period of time, depending upon the need. Some of the special surveys from 2008 are listed in the table below.

Special Survey Name	Population Surveyed
COA	Surveys for each of the groups listed above in the annual surveys chart were sent special COA surveys in April 2007. The completed surveys will be sent directly to COA and the results will be used during site visits as DCS strives for COA accreditation.
Needs Assessment	Surveys were sent to the community partners, resource parents, and consumers as a part of Needs Assessment IV.
Title VI	A survey is sent during the year to determine whether or not DCS is compliant with Title VI requirements. These requirements

Special Survey Name	Population Surveyed
	pertain to the Civil Rights Act of 1964.
Child and Family Team Meeting (CFTM)	A survey is distributed to members of CFTMs across the state and the results are aggregated and used by the Permanency Division.
SACWIS Naming Contest	All DCS staff was invited to vote for the name of the new SACWIS system, which will be replacing TNKids. A link to the survey was distributed via email and respondents voted online.
Resource Home Exit Interview	Former resource parents are surveyed to determine their satisfaction level with DCS based on their experiences as a resource parent for the state.
CQI Satisfaction	This survey is delivered to a random sample of staff across the state to determine their knowledge of and satisfaction with CQI practices in their region.

Surveys



Addendum Four

IV-B

The Federal Government has established priority areas to monitor in child welfare and set minimal standards of compliance for which each state or tribe meet. The following are the areas which must be monitored:

Safety:

- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their homes whenever possible and appropriate.

Permanency

- Children have permanency and stability in their living situations.
- The continuity of family relationships and connections is preserved for families.

Well-Being

- Families have enhanced capacity to provide for their children's needs.
- Children receive appropriate services to meet their educational needs.
- Children receive adequate services to meet their physical and mental health needs.

Each State and Tribe, who receives Federal Funds must, develop a 5-year Child and Family Service Plan (CFSP) that outlines strategies that will be implemented to meet these standards. The State and/or Tribe may also identify additional goals they wish to meet. The progress of these plans is reviewed periodically through a Child and Family Service Review (CFSR) and a yearly submission of an Annual Progress and Service Review (APSR) report. We are required to have stakeholder input in evaluation of our child welfare system.

The Child and Family Service Review (CFSR) enables the Children's Bureau to: (1) ensure conformity with Federal child welfare requirements; (2) determine what is actually happening to children and families as they are engaged in child welfare services; and (3) assist States to enhance their capacity to help children and families achieve positive outcomes. The Administration for Children and Families (ACF) conducts the review in partnership with State child welfare agency staff; consultant reviewers supplement the Federal Review Team. Each CFSR is a two-stage process consisting of a Statewide Assessment and an onsite review of child and family service outcomes and program systems. The reviews are structured to help States identify strengths and areas needing improvement within their agencies and programs. The overall goal of the review is to help States improve child welfare services and to achieve the CFSR national standards.

At the end of the onsite review, States determined not to have achieved substantial conformity in all the areas assessed are required to develop and implement Program Improvement Plans (PIPs) addressing the areas of nonconformity. States that do not achieve their required improvements sustain penalties as prescribed in the Federal regulations.

DCS has a Strategic Planning Team that includes both Department Staff and Stakeholders. This group worked collaboratively to develop the agency's Vision, Mission and Values statements and it is hoped that this group will assist in the development monitoring of our PIP and CFSP. This work has already begun as the team is developing the indicators which will be used to measure the department's progress in meeting the Federal Standards and additional priorities set by the Department. Ideally the group would identify areas of strength through a review of data and also brainstorm ways to improve when the data indicates a need.

Addendum Five

Agency Reports and Reviews

Monthly and Quarterly Management Reports

Monthly Reports:

- Brian A. Class by Placement Setting and Adjudication
- New Entries in Custody and Discharges from Custody
- Client/Case Manager Face-to-Face Contacts
- Sibling Placements and Visitation Summary
- Parent and Child Visitation Summary
- Permanency Plan Goal of Adoption and TPR Activity Compliance Summary
- Central Intake Monthly Summary Report
- Open CPS Investigations over 60-Days Old
- Resource Home Compliance Exceptions Summary
- Resource Home Compliance Summary
- Children under Age 6 Years and Placed in a Group Care Setting
- Congregate Care Compliance Exceptions Summary
- Brian A. Class 75-Mile Placements
- Brian A. Class 12-Month Report of Children in Emergency/Temporary Facilities
- Caseload Threshold Periodic Compliance Comparison
- Caseload Threshold Employee Compliance Exceptions

Quarterly Reports:

- Time to Reunification
- Adoptive Placement Disruption (prior to finalization—reported semi-annually)
- Permanency Goal of Long-Term Foster Care (PPLA—reported semi-annually)
- Number of Placements
- Length of Time in Placement
- Achievement Measures upon Discharge
- Re-entry (within 12 months)

Semi-Annual Regional Outcomes Report

This report tracks progress statewide and by region on goals established to enhance outcomes in the eight key areas previously mentioned:

- Reducing the number of children entering out-of-home care
- Increasing the proportion of children entering out-of-home care who are initially placed in their home county
- Increasing the proportion of children initially placed in a family setting
- Increasing the number and rate of siblings placed together
- Decreasing the length of stay for children in placement
- Decreasing the number and percent of children re-entering out-of-home care
- Increasing placement stability for children in out-of-home care

Performance on each outcome area is assessed longitudinally for the in-care population and the admissions population. Breakdowns by age, gender, and, for some outcome areas, race are also provided in order to identify any disparities.

Agency Reviews

Also important to the reflecting and exploring process are results of case reviews. At DCS, there are three main types of internal review aimed at improving the quality of case practice: Case Process Review, Supervisory Review, and Quality Service Review.

DCS Case Process Review

The DCS Case Process Review (CPR) is basically a “compliance” audit. It measures the efficiency of our processes (how accurate, complete, and timely we perform and document activities). Essentially, the CPR answers four key questions:

- Does the case record (both the hard file and the TNKids file) contain all documentation required by state and federal law and recommended by DCS policy 31.5?
- Is the documentation appropriately organized, up-to-date, and, where appropriate, signed and dated by all relevant parties?
- Are we doing and documenting the minimum we have to do to meet federal, state, and legal requirements (and thus avoid fines and penalties)?
- Are we doing and documenting what we need to do to maximize access to and utilization of available resources?

The Case Process Review is a standard "Yes," "No," "N/A" review that is usually completed by a team leader for his/her team. In some regions, team leaders review cases supervised by their peers. This review is performed each quarter on 15% of the total caseload by program area and region, with both active and closed cases included in the review. A sample of the cases reviewed each quarter is tested for quality and follow up by a cross-functional review team, comprising PQI and program staff from Central Office and the regions. Results are aggregated and reported by the Office of Performance and Quality Improvement (PQI). Both aggregate and case-specific data is provided to the regions so that performance can be evaluated and action steps for improvement tracked within the context of a quality framework.

Tennessee Quality Service Review

The Tennessee Quality Service Review (QSR) is an annual review which tells the story of a child’s experience in out-of-home care and reflects the perceptions of the worker, the child, the birth and resource families, the service providers, teachers, and/or other key stakeholders. The purpose of the QSR is to determine the extent to which planned change strategies are working together, with supports and services, to produce results that show progress toward family independence, child safety and well-being, and timely permanency. The results of the QSR are used to determine what is working for the children and families being served, to evaluate the course and pace of change within the DCS system, and to verify that important outcomes are being attained for the child and family.

An integral part of the Department's continuous quality improvement infrastructure, the Tennessee Quality Service Review provides a close-up way of seeing how individual children and families are doing in the areas that matter most. It provides a penetrating view of practice and what is contributing to outcomes, and it provides a rich array of lessons for action planning and ongoing improvement.

In assessing outcomes, the QSR uses a protocol that collects both demographic data (completed by the case worker) on the child and family and qualitative data (gathered by certified QSR reviewers) on 22 indicators for child and family status and system performance. Each indicator has probe questions and a behaviorally anchored rating scale that ranges from a low of 1 for unacceptable performance to a high of 6 for optimal performance. Based on information gained from the case reviews, a Regional Summary is prepared which outlines a portion of the identified regional trends. The document can then be utilized by the agency, stakeholders and community partners to identify barriers and develop action plans for improvement. Case stories are also prepared by QSR Reviewers and submitted to the QSR Unit. Not only does the case story provide evidence for the ratings given for an individual case, but the story also provides a window into the life of the child and family served and, as such, serves as a case study of child status and system performance that can be used on an ongoing basis for regional learning and practice improvement.

Other Internal and External Reviews

In addition to the three key reviews already described, a number of other reviews are performed by internal and external teams, the results of which are integrated into continuous learning and improvement activities in Central Office and/or the Regions. Brief descriptions of these reviews follow:

Licensing Reviews: Licensing Consultants with the DCS Licensing Division perform quarterly announced and unannounced reviews to assess a contract agency's level of compliance with licensing standards. Results from these reviews are fed back into the system and tracked for improvement through the DCS Placement Quality Team.

Program Accountability Review: The DCS Program Accountability Review (PAR) Team annually monitors agencies through announced reviews for compliance relative to the terms of their contract and the Private Provider Policy Manual. Results from these reviews are fed back into the system and tracked for improvement through the DCS Placement Quality Team.

Clinical Review: A team of clinicians from DCS Central and Regional Offices perform periodic reviews of the therapeutic effectiveness of Level 3 and Level 4 (therapeutic) services. Results are shared with the DCS Placement Quality Team and, when appropriate, with Regional Cross Functional Teams.

The Internal Child Death Review: A DCS cross-functional team performs a regular review of deaths of all children in out-of-home care to determine cause, identify gaps, and, when needed, address practice or systemic deficiencies. Results are shared with CPS Team Excellence Members and, when appropriate, with Regional Leadership and CQI Teams.

TDMHDD Review: Since fiscal year 2006, the Tennessee Department of Mental Health and Developmental Disabilities has conducted chart reviews at DCS provider locations to assess providers' use of the Best Practice Guidelines for children and adolescents. This is a clinical review that specifically evaluates an agency's adherence to the quality of care being provided relative to their contractual obligations.

Brian A. Court Monitor's Reviews: Since 2002, the *Brian A.* Court Monitor has performed these reviews to test the Department's level of compliance with respect to the provisions of the *Brian A.* Settlement Agreement.

Tennessee State Comptroller's Audits: The Comptroller's Office of the State of Tennessee audits Tennessee at least yearly on process and performance standards as they are reflected in DCS policy. The results of these reviews are shared with members of the State CQI Team and specific action steps to address identified issues are developed and tracked.

The Federal Child and Family Services Review: The child and family services review (CFSR) is a results-focused approach to monitoring federally-assisted State child welfare programs. The review measures State compliance with the State plan requirements under titles IV-B and IV-E of the Social Security Act. State child welfare programs are reviewed in two areas: (1) outcomes for children and families served by the child welfare system; and (2) systemic factors that directly affect the State's capacity to deliver services leading to improved outcomes.

100-Day Review: Peer review is not only completed in the CQI teams, but part of the responsibility of the Regional Leadership. Each quarter these reviews are discussed on a conference call with Central Office. The reviews are also entered on to the Y drive and given back to the caseworker with action steps. The caseworker can discuss these action steps in their local CQI team or during the Permanency Meetings.

9-12 Month Log: Central Office requests a conference call with each of the regions on a quarterly basis to discuss children in care from nine to 12 months. Team Coordinators keep track of children in this timeframe through the monthly Permanency Meetings. The information is then entered on a log that is presented to Central Office. Central Office point persons reviews the log with the Team Coordinators and Regional General Counsel to give the region feedback and technical assistance. The information learned through this process is taking back the Permanency Meetings.

15-month no TPR/Backlog: Central Office requests a conference call with each of the regions on a quarterly basis to review children in care over 12 months. The purpose of this review is similar to the 9-12 month log. It gives the regions technical assistance and feedback to the regions. The information learned through this process is taking back the Permanency Meetings.

Semi-Annual Chapin Hall Data: The data compiled semi-annually by Chapin Hall, an outside data monitoring firm, is distributed to the Regional Administrator and CQI Coordinator by Central Office. It is then sent to the Team Coordinators to share with their teams. It is expected that this in-depth data will become part of the internal reviews through CQI Data Review.